AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION AND RELEASE OF LIABILITY

TO: FBI/CJIS Division/NICS Section, Attention: Legal Research and Analysis Team, P.O. Box 4278, Clarksburg WV 26302-4278

I, the undersigned, hereby authorize the Criminal Justice Information Services (CJIS) Division

National Instant Criminal Background C	Check System (NICS) Section to release to my attorney
Name	
	, information which shall
·	criminal history, any information relative to my criminal
	d check for the purchase/redemption of a firearm. In addition,
	cuss any information regarding procedures for updating or
correction of its records, as appropriate,	as permitted by law and policy. This may include requests
from the NICS Section to my attorney for	or information, clarification of information, and/or submission
of additional documentation on my beha	df. NOTE: The reference to "my attorney" in this
document includes not only the individ	dual lawyer named above but also any other attorney,
paralegal, co-worker, or employee wit	h whom he or she then-presently is professionally
associated and who adequately establi	shes that association to the NICS Section.
I further release the FBI and the NICS Se	ection from any and all liability of any kind for releasing any
and all information as described and agree	ee to indemnify and hold the FBI and the NICS Section
harmless for any damages or injury which	ch might result directly or indirectly from the release of same.
The foregoing authorization shall continue photocopy of this authorization shall be	ue in full force and effect until revoked by me in writing. A considered the same as the original.
	Printed Full Name:
	Date of Birth:
	Social Security Number:
Signature:	Date:
Witness Signature:	Date: